



**PIUMPF**  
1101 Kermit Drive Suite 800  
Nashville, TN 37217  
Phone: 1-800-251-4107  
Fax: 615-333-5766

### **Instructions for completing Direct Deposit Form**

1. All sections must be completed, and all sections requiring a signature must be signed.
2. Make sure to indicate whether you have a savings, checking, or reloadable card.
3. If using a reloadable card, contact the card service provider for the account number and routing number (this is not the number on the face of your card).
4. The participant's signature must be notarized.
5. If you fax your form, please call to confirm receipt of your fax.

**If a Power of Attorney signs the form, we must have a copy of the notarized POA papers along with the enclosed POA Contact Information form.**

**Your Direct Deposit form or any changes to your banking information must be received by the 15th of the month in order to have your pension directly deposited on the NEXT payment cycle. Any changes to your banking information that are received after the 15th will not go into effect until the following month.**

If any of these steps are missing, we will be unable to process your direct deposit form, and it will be returned to you to be completed in full.

**This form can be faxed to the number listed below.  
You may also call the Fund Office to set up direct deposit over the phone.**

Please contact this office if you have any questions.

English: Kelly Davis      1-855-723-0210  
Spanish: Carmen Cooper   1-855-657-4507  
Fax                              1-615-333-5794

**Your benefit is required to be directly deposited**

## TERMS AND CONDITIONS FOR PARTICIPATING IN THE USW BENEFIT FUNDS' DIRECT DEPOSIT PROGRAM

A completed USW Benefit Funds' Direct Deposit Authorization Form (Form) may be returned to the Fund Office by any of the following methods: Fax form to 615-333-5766, email form to [ccooper@uswbenefitfunds.com](mailto:ccooper@uswbenefitfunds.com), or mail the completed form to PIUMPF; 1101 Kermit Drive Suite 800; Nashville, TN 37217.

If you are receiving benefits from a plan administered by USW Benefit Funds (USWBF), you are required to have such benefits deposited directly into your account at your financial institution. The following are the terms and conditions for participating in USWBF's Direct Deposit Program (Program):

1. Your financial institution must be a member of an Automated Clearing House in order for you to participate in the Program. USWBF is not responsible in the event the financial institution listed on this form is not such a member.
2. You must complete this form to enroll in the Program. A form signed and dated by the participant is required for processing. The form must also contain the signature and seal of an active Notary Public. Once your form is received by USWBF, there may be up to a 4 week administrative processing period before the enrollment will become effective. You will be paid for any benefits due during this period on the next regular monthly payment.
3. If an electronic transfer is returned to USWBF or for any reason cannot be made to your account, USWBF will investigate the cause and if necessary, will suspend payment of your benefits until all problems are rectified.
4. USWBF is not responsible for errors in the Routing Transit Number or the Account Number listed on this form.
5. You must keep USWBF informed of any address changes in order to receive important information about your benefits and to remain qualified for payments. In the event USWBF receives notice of a change in your address from the United States Postal Service or an invalid address, your benefits may be suspended until USWBF receives either a signed, dated and notarized change of address form or a recorded phone call authorizing USWBF to change your address. Once such a change of address form or recording is received by USWBF, there may be up to a 4 week administrative processing period before the change will become effective. All benefits due you during the suspension period will be included in the subsequent month's payment after which the change becomes effective.
6. It is your responsibility to notify USWBF immediately of any changes in your account, such as account closure or change in account number. To effect this change, you will need to complete this form and specify the new account information. If USWBF receives notice of such changes from your financial institution, your benefits will be suspended until you complete this form. There may be up to a 4 week administrative processing period before the changes become effective. All benefits due you during the suspension period will be included in the subsequent month's payment after which the change becomes effective.
7. USWBF reserves the right to automatically cancel your participation in the Program upon your death or your becoming ineligible to continue receiving benefits.

### POWERS OF ATTORNEY OR GUARDIANS

In the event the participant has appointed a power of attorney or a court has appointed a guardian for the participant, such power of attorney or guardian may complete the Form on the participant's behalf. In any such event, a power of attorney or guardian should substitute their name in any place the following terms are used on this form: "participant" and "you." USWBF must have a copy of all signed, notarized power of attorney and/or guardianship appointments on file, as well as, a copy of the attorney-in-fact's or guardian's valid driver's license before the Form can be processed.

If you have any questions regarding the Form or the Program, please contact USWBF at the following:

**USW BENEFIT FUNDS**  
1101 Kermit Drive Suite 800, Nashville, TN 37217  
Voice: 1-800-251-4107  
Fax: 615-333-5766  
[ccooper@uswbenefitfunds.com](mailto:ccooper@uswbenefitfunds.com)

# USW BENEFIT FUNDS DIRECT DEPOSIT AUTHORIZATION FORM

Please check the Plan(s) for which you wish to enroll for Direct Deposit:

PIUMPF –PACE Industry Union-Management Pension Fund     USW HRA Fund

SECTION I (TO BE COMPLETED BY PARTICIPANT)	
Name of Participant <i>(last, first, middle initial)</i>	Social Security Number
Street Address or PO Box	Telephone Number
City, State and Zip Code	E-mail Address

SECTION II (TO BE COMPLETED BY PARTICIPANT OR FINANCIAL INSTITUTION)	
Name of Financial Institution	Account Number
Address	Routing Transit Number
Telephone Number	List NAMES of <u>ALL</u> Bank Account Owners (Including Participant) **Participant MUST be an account owner
<b>Account Type:</b> <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Reloadable Card	

## PARTICIPANT CERTIFICATION

I certify that I have read and understand the terms and conditions for participating in the USW Benefit Funds' Direct Deposit Program. By signing this agreement, I authorize USW Benefit Funds to initiate credit entries to the account indicated above for the purpose of receiving my benefits. I also authorize USW Benefit Funds to initiate, if necessary, debit entries and adjustments for any credit entries made to such account in error.

Participant's Signature *(or power of attorney)*

Date

SECTION III (TO BE COMPLETED BY NOTARY PUBLIC)
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State of \_\_\_\_\_ County of \_\_\_\_\_

On \_\_\_\_\_ before me, \_\_\_\_\_, personally appeared \_\_\_\_\_, who proved to me on  
(Date) (Name of Notary) (Name of Participant)  
the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he or she executed the same in his or her authorized capacity, and that by his or her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the Federal and State Laws that the foregoing paragraph is true and correct.

**Affix Notary Seal Here**

Notary Public Signature

My Commission Expires: \_\_\_\_\_

**FORM WILL BE RETURNED IF NOT NOTARIZED**